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** CONTINUING DATA *****

This application is a CIP of 08/915,366 08/20/1997 PAT 6,147,106
 and is a CIP of 08/702,232 08/23/1996 ABN
 which is a CIP of 08/655,255 06/05/1996 ABN
 and is a CIP of 08/655,226 06/05/1996 PAT 5,886,020
 and is a CIP of 08/655,223 06/05/1996 PAT 5,792,783
 and is a CIP of 08/655,224 06/05/1996 PAT 5,883,116
 and is a CIP of 08/659,191 06/05/1996 PAT 5,883,113
 which is a CIP of 08/485,323 06/07/1995 PAT 5,880,141

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

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TITLE

METHODS FOR TREATING DISEASES AND DISORDERS RELATED TO UNREGULATED ANGIOGENESIS AND/OR VASCULOGENESIS

FILING FEE RECEIVED 1486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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